Mississippi Secretary of State

700 North Street P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURE	S NOTICE FILING				
AGENCY NAME Mississippi Department of Mental Health (MDMH)		CONTACT PERSON Stephanie Foster		TELEPHONE NUMBER 601-359-1288	
ADDRESS 239 N. Lamar St. Suite 1101		CITY Jackson		STATE MS	ZIP 39201
EMAIL stephanie.foster@ dmh.state.ms.us	SUBMIT DATE 10/18/12	Name or number of rule(s): Agency: Mississippi Department of DMH Case Management Profession			'art 3 -
Short explanation of rule/amendme Management Professional Standards & Re in the DMH Case Management Professio amendment to this existing rule are: Professional" to "DMH Community Supp State's Administrative Procedures Act Rule Specific legal authority authorizing the List all rules repealed, amended, or su Mental Health (MDMH) Title 24; Part 3 - D	equirements: this documal (i.e., community 1) to rename the cort Specialist" and 2) es. e promulgation of respended by the pro	ument promulgates standards and support specialist) credentialing redentialing program (and relative to reformat the document to the section 41-4-7 of the Mississi posed rule: This proposed action	d requirement program. The ed terminologue format out ippi Code, 197 n amends the	ts for Individuals e primary reason gy) from "DMH lined in the Mis '2, Annotated	seeking certificatior ns for the proposed Case Management sissippi Secretary o
ORAL PROCEEDING:					
An oral proceeding is scheduled for Presently, an oral proceeding is not If an oral proceeding is not scheduled, an oral pten (10) or more persons. The written request notice of proposed rule adoption and should in agent or attorney, the name, address, email adcomment period, written submissions including ECONOMIC IMPACT STATEMENT: Economic impact statement not result in the impact of effectiveness Original filling Renewal of effectiveness To be in effect in days Effective date:	roceeding must be held should be submitted to to clude the name, address dress, and telephone nur arguments, data, and viet and v	rule. if a written request for an oral proceed he agency contact person at the above, email address, and telephone number of the party or parties you represews on the proposed rule/amendmen Concise summary of e	ding is submitte e address within er of the person sent. At any tin t/repeal may be conomic imp PIN Date Propo Action take Ado Ado	n twenty (20) days (s) making the require within the twente submitted to the pact statement [JAL ACTION Cosed Rule Filed: en: upted with no chapted with change	after the filing of this uest; and, if you are an ty-five (25) day public filing agency. attached. ON RULES anges in text es
Immediately upon filing Other (specify):	Proposed fin 30 day X Other (spe	ion by reference al effective date: ys after filing cify): <u>January 1, 2013</u> (Adopted by reference Withdrawn Repeal adopted as proposed Effective date: 30 days after filing Other (specify):		
Printed name and Title of person authorize Signature of person authorized to file rules		Mikula, MDMH Deputy Executive	Director		
OFFICIAL FILING STAMP		WRITE BELOW THIS LINE FICIAL FILING STAMP OCT 1 8 2012	0	FFICIAL FILING	STAMP
		MISSISSIA			

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Accepted for filing by

The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.

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